



Basic Health Alternative Income Statement

Subscriber Name (print) _____

Basic Health I.D. Number _____

If you receive income for which you cannot obtain documentation (such as jobs paid in cash), read and complete this form. **This form is *not* to be used when income documents can be obtained.**

Documentation for **other types of income** (such as child support, social security income, etc.), **must be provided to Basic Health.**

Use the charts below to record your monthly income and your spouse's monthly income. If you did not receive income for one or more months, enter \$0 for that month.

| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|--------------------------|------|------|-------|-------|-----|------|------|------|-------|------|------|------|
| Year | | | | | | | | | | | | |
| Subscriber income | | | | | | | | | | | | |

Use the next chart to enter **income for your spouse:**

| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|----------------------|------|------|-------|-------|-----|------|------|------|-------|------|------|------|
| Year | | | | | | | | | | | | |
| Spouse income | | | | | | | | | | | | |

If either of you is reporting no income for some months, explain why:

The subscriber and spouse must **both** sign and date below. I declare, under penalty of perjury, the information I have provided on this form is true, correct, and complete to the best of my knowledge.

Subscriber Signature _____

Spouse Signature _____

Date _____

Date _____

Privacy Statement – Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority's (the agency that administers Basic Health) Privacy Notice is available upon request by calling 360-923-2822 or online at **www.hca.wa.gov**.